

United Health Foundation 2003 Ranking - Utah

Utah is the third healthiest state in 2003 according to the United Health Foundation's (UHF) America's Health, State Health Rankings, 2003 report. Utah was ranked fourth in 2002 and has consistently been in the top 10 healthiest states over the 14 years of this report. Utah improved or maintained its ranking in 13 of the 17 measurement categories sorted by risk factors and outcomes. Utah slipped only one spot in three other categories, and in one category Utah dropped more than one position.

The rankings symbolize much of the valuable work done in public health, but public health recognizes the influence and contributions of the entire health care system in helping Utahns stay and become healthy. Utah is fortunate to have prominent community, family and environmental supports that often lead to healthier behaviors as well as a solid framework of medical care options that allow for life-saving and life-improving procedures.

The Utah Department of Health (UDOH) is pleased that Utah is consistently ranked as one of the healthiest states in the nation. However, the report's rankings are based on the chosen set of indicators/measurements. There are hundreds of indicators for health and several other national reports that gauge health status differently.

UDOH Context on Rankings:

Heart Disease – Ranked #2

Many factors may affect the decline in cardiovascular disease mortality. They include more effective preventive and medical treatment, more emphasis on reducing controllable risk factors (high blood pressure, high blood cholesterol, smoking, physical inactivity, overweight and obesity, and diabetes), and better treatment for heart attack and stroke patients.

Utah is one of 32 states funded by the Centers for Disease Control and Prevention to develop a statewide cardiovascular health program that supports all aspects of heart disease prevention and control, including public awareness; more effective policies and environmental supports to promote healthier lifestyle choices in schools, worksites, communities, and health care sites; and extensive public, patient and professional education.

Utah attributes some of its progress to the availability of funding for this program. More than 90 percent of all Utah adults have had their blood pressure checked, and 63 percent have had their cholesterol tested. In addition, Utah's smoking rate is the lowest in the country. Twenty-six percent of Utahns are physically active compared to the national average of 22 percent and the regional average of 24 percent. Although only 20 percent of Utah adults report eating 5 A Day, this is an increase from 18 percent in 1994.

Cancer – Ranked #1

The overall cancer mortality rate in Utah has been consistently below the U.S. rate. In particular, Utah's mortality rate for lung cancer is dramatically lower than that of the U.S. According to data from the American Cancer Society, Utah's lung cancer death rate from 1995 to 1999 was less than half that of the U.S.

In January 2003, the Utah Cancer Control Program (UCCP) began the Utah Cancer Action Network (UCAN), a statewide partnership of public and private organizations whose goal is to reduce the burden of cancer. The mission of UCAN is to lower cancer incidence and mortality in Utah through collaborative efforts directed towards cancer prevention and control. In March 2003, UCAN launched media campaigns to encourage screening for colon cancer and to educate Utahns about skin cancer prevention.

In addition, the UCCP provides free to low cost clinical breast exams, mammograms, pelvic exams, and Pap smears to women who meet age and income guidelines. Women with abnormal screening exams are offered diagnostic evaluation by participating program providers.

Smoking – Ranked #1

Tobacco use is still the leading preventable cause of death in Utah. Tobacco kills about 1,200 people in Utah each year, and approximately 200,000 people in Utah smoke. Although tobacco use is still a major public health problem in Utah, UDOH is encouraged to see that anti-tobacco efforts funded by the Utah State Legislature have met with success over the past decade. Programs and services such as the "The Truth" media campaign, community education programs, and the Utah Tobacco Quit Line (1-888-567-TRUTH) have provided many of the thousands of Utahns who want to quit with the help they need. UDOH aims to continue its work to maintain and further decrease Utah's comparatively low tobacco use rates, and to keep Utahns healthy.

Total Mortality – Ranked #7

UDOH reports 13,042 deaths to Utah residents in 2002 – 435 more deaths than the previous year. The top 10 causes of death for 2002 are in the same order as 2001.

1. Heart diseases
2. Cancer
3. Strokes
4. Accidents
5. Lower respiratory diseases
6. Diabetes Mellitus
7. Influenza and pneumonia
8. Suicide
9. Alzheimers
10. Kidney diseases

Violent Crime – Ranked #7

In 2002, the overall violent crime rate decreased nearly 1 percent (78%) from the previous year. Among the four crimes that are classified as violent, there was a 33

percent drop in the homicide rate and a 10 percent decrease in the rate of robberies, with rapes increasing nearly 3 percent and assaults up more than 2 percent. It is also important to note that nearly 43 percent of all homicides were domestic homicides.

Infectious Disease – Ranked #16

The primary reason for the significant improvement in Utah's infectious disease status from 1990 to 2003 is that the number of hepatitis A cases declined significantly in Utah since 1990. The continued use of public health prevention measures and prompt interventions should result in further declines in the number of Utah citizens suffering from these diseases. Utah has become a leader in improving detection and response to infectious disease reports.

Lack of Health Insurance – Ranked #24

The ranking improved from 34 to 24 in 2003 and the UDOH believes this is partly due to innovative new state health care insurance programs such as the Primary Care Network and Covered at Work. UHF used national data to estimate Utah's uninsured rate at 13.4 percent. However, the UDOH uses a larger, more detailed survey that shows the state's uninsured rate at 8.7 percent; the rate is 6.8 percent for 18 and under.

Motor Vehicle Deaths – Ranked #22

The motor vehicle death rate per 100 million miles driven increased slightly in Utah from 1.3 in 2002 to 1.4 in 2003. This 1/10th of a percent difference was valued for a dramatically poorer ranking. However, this total is still the 2nd lowest yearly rate ever in Utah, trailing only the 2002 rate. It is also below the national rate of 1.5. The motor vehicle death rate in Utah remained fairly constant from 1991 to 2001 until dropping in 2002. Decreases in the fatality rate per miles driven since 1990 may be contributed to a combination of factors specific to Utah, including:

- 1) an increase in driver and front seat passenger safety belt use from 39% in 1990 to 85% in 2003;
- 2) an increase in safety restraint use by infants and children up to age 2 from 78% in 1993 to 97% in 2001;
- 3) an increase in safety restraint by children ages 2 to 10 from 49% to 86 % during the same period;
- 4) an increase in safety restraint use of 36% during the same period for children ages 2 to 10; and, and increased in cars equipped with airbags.
- 5) the passage of graduated driver licensing laws in 1998;
- 6) the passage of numerous DUI laws;
- 7) increased law enforcement efforts
- 8) increased education efforts from the Utah Highway Safety Office and state and local health departments;
- 9) improved emergency medical services (EMS) response and trauma system; and
- 10) improvements in road design.

Infant Mortality – Ranked #3

Utah has been in the five best ranked states for many years. Utah's infant mortality rate in the report is 5.0 garnering Utah the 3rd lowest rate in the nation. Utah has a low infant

mortality rate which is probably due to an overall healthy population as evidenced by the state's ranking of third in the nation, low alcohol and tobacco use, and exceptional perinatal and neonatal health care providers and facilities.

Prenatal Care – Ranked #49

Utah ranks 49th in the nation for adequacy of prenatal care, defined as the percent of pregnant women who entered prenatal care in the first trimester and had an appropriate number of visits throughout pregnancy. The UHF's 2003 report indicates that only 58.4 percent of women received adequate prenatal care in Utah based on birth certificate data, an increase of 0.8 percent from 2002. Utah's poor ranking in this measure is an important issue the UDOH has been working on. Although the low ranking in adequacy of prenatal care is very concerning, Utah's pregnancy outcomes are much better than the national average, with Utah's third best ranking in infant mortality in the nation.

The UDOH has conducted a study to identify reasons for the low adequacy of prenatal care among Utah women. Data have indicated that two-thirds of women with inadequate care entered care early but did not have an adequate number of visits, while the other third entered prenatal care after the first trimester. Women who entered care during the first trimester resemble the general population, however, women who entered care late have characteristics considered high risk for poor pregnancy outcomes, such as younger age and lower educational and socio-economic levels.

Several reasons for inadequate care have been identified that will need to be addressed through various strategies:

- 3 out of 10 women do not see a health care provider in their first trimester because:
 - They do not have money to pay for prenatal care
 - They have no or inadequate insurance (Utah has the lowest Medicaid income eligibility level for pregnant women at 133 percent of federal poverty level, while many states are at 185 percent of poverty)
 - They did not realize they were pregnant until after the first trimester
- 7 out of 10 women started prenatal care early but did not have enough visits because:
 - This is not their first pregnancy, they feel fine and believe that missing an appointment here and there is not a problem
 - All of their visits are not recorded on the birth certificate due to incomplete prenatal records because they switched providers during the pregnancy

UDOH continues to examine the reasons for Utah's low level of adequate prenatal care. The Department has worked to develop new media messages to target women through the Baby Your Baby campaign. Better health education related to early signs and symptoms of pregnancy and the importance of early and regular prenatal care is needed since some women do not recognize signs of pregnancy during their first trimester. The Department has also worked to resolve the missing prenatal visits due to incomplete records when women switch providers during pregnancy.

Risk Factors	Definitions
Prevalence of Smoking	Percentage of population over age 18 that smokes on a regular basis. This is an indication of known, addictive, health-adverse behaviors within the population.
Motor Vehicle Deaths	Number of deaths per 100,000,000 miles driven in a state. It is a proxy indicator for excessive drug and alcohol use within a population.
Violent Crime	The number of murders, rapes, robberies and aggravated assaults per 100,000 population. It reflects an aspect of overall lifestyle within a state and its associated health risks.
Risk for Heart Disease	A measure of obesity, hypertension and sedentary lifestyle within the population. These behaviors are known to contribute to heart and other disease.
High School Graduation	Percentage of persons who graduate in four years from a high school with a regular degree. It is an indication of the consumer's ability to learn about, create and maintain a healthy lifestyle and to understand and access health care when required.
Children in Poverty	The percentage of persons age 18 and under who live in households that are at or below the poverty threshold. Poverty is an indication of the lack of access by this vulnerable population to health care.
Adequacy of Prenatal Care	Percentage of pregnant women receiving adequate prenatal care, as defined by the Kessner Index. This measures how well women are receiving the care they require for a healthy pregnancy and development of the fetus.
Lack of Health Insurance	Percentage of the population under age 65 that does not have health insurance privately, through their employer or the government. This is another indicator of the ability to access care as required, especially preventive care.

Outcomes and Definitions	
Occupational Fatalities	Number of fatalities from occupational injuries per 100,000 workers. This measure reflects job safety as a part of public health.
Limited Activity Days	Number of days in the previous 30 days when a person indicates their activities are limited due to physical or mental difficulties. This is a general indication of the population's ability to function on a day-to-day basis.
Heart Deaths	Number of deaths due to heart disease per 100,000 population. This is an indication of the toll that heart disease is placing on the population.
Cancer Deaths	Number of deaths due to all causes of cancer per 100,000 population. This is an indication of the toll cancer is placing on the population.
Infectious Disease	Number of AIDS, tuberculosis and hepatitis cases reported to Centers for Disease Control and Prevention per 100,000 population. This is an indication of the toll that infectious disease is placing on the population.
Total Mortality	Number of deaths per 100,000 population. This is an overall indicator of health of a population as it measures death from all causes.
Infant Mortality	Number of infant deaths (before age 1) per 1,000 live births. This is an indication of the prenatal care, access and birth process for both child and mother.
Premature Death	Number of years of potential life lost prior to age 75 per 100,000 population. This is an indication of the number of useful years of life that are not available to a population due to early death.

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